


<p align="center"> STATE OF MINNESOTA DEPARTMENT OF COMMERCE LICENSING DIVISION 85 – 7th PLACE EAST, SUITE 500 ST. PAUL, MINNESOTA 55101-2198 (651) 296-6319 </p>  <p align="center"> VIATICAL SETTLEMENT BROKER— INDIVIDUAL RENEWAL LICENSE APPLICATION </p>	<p align="center"> OFFICE USE ONLY CASHIER USE ONLY Review _____ Data Entry _____ </p>	
	<p align="center">License Number</p>	<p align="center">Processing Date</p>

Please read the application carefully and complete all information requested. The application must be completed and signed by the applicant. **Please return the completed application to the Department of Commerce at the above address.** Keep a copy of the application for your records. For further information on the application process, applicants may contact the Licensing Division at (651) 296-6319 or via e-mail, licensing.commerce@state.mn.us. This application form is available on the Department of Commerce insurance website: www.insurance.state.mn.us. The renewal fee is \$275.

To the Commissioner of Commerce: The undersigned hereby makes application to engage in business under and pursuant to the provisions of Minnesota Statutes, Section 60A.957-9585.

1. APPLICANT INFORMATION

Full Legal Name

Name under which Viatical Settlement Broker business will be conducted in Minnesota (dba or Assumed Name)

Principal Street Address and Suite or Room Number (P.O. Boxes are not acceptable)

City	State	Zip Code	County
()	()		
Phone Number	Fax Number	E-mail Address	

Social Security Number: _____

2. Do you intend to conduct business on the Internet?

☐ YES ☐ NO If YES, list the website address: _____

3. If you answer “YES” to any question below, provide a detailed written explanation and supporting legal documentation with the application.

In the time since your last renewal have you:

YES NO

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Been a defendant in any lawsuit involving claims of gross negligence, fraud, misrepresentation, mismanagement of funds, conversion, breach of fiduciary duty, breach of conduct, or deceit? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Been the subject of any inquiry or investigation by the Minnesota Department of Commerce or ever been censured, suspended, revoked, cancelled or terminated or been the subject of any type of administrative action in any state including Minnesota, or by any other federal regulatory agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | Been found by any civil court to have failed to account to a client or customer for money or property collected for or on behalf of the client or customer? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | Been a principal or officer of any firm, corporation, partnership, or association, which has filed a bankruptcy petition, been declared bankrupt or filed personal bankruptcy? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. | Been charged with, indicted for, or convicted of, or entered a plea to, any criminal offense (felony, gross misdemeanor or misdemeanor), <u>other than</u> traffic violations, in any state or federal court? |
| <input type="checkbox"/> | <input type="checkbox"/> | f. | Been notified by the Commissioner of Revenue pursuant to Minn. Stat. § 270.72 of delinquent taxes which are currently owed to the State of Minnesota? |
| <input type="checkbox"/> | <input type="checkbox"/> | g. | Have any unclaimed property (unclaimed funds or property over three years old) to report under Minn. Stat. § 345? |

For each question answered “YES,” provide a detailed written explanation and supporting legal documentation with the application.

4. **Do you have an ownership interest in or connection with any other licensee under Minnesota Statutes, Chapter 60A.957-9585?**

☐ YES ☐ NO If YES, explain: _____

5. **Have you previously held a license under Minnesota Statutes, Chapter 60A.957-9585?**

☐ YES ☐ NO If YES, explain: _____

6. **Is the business for which this application is being submitted currently in existence?** ☐ YES ☐ NO

Date Business Established

Name Under Which Established

7. **Do you now operate or have you previously operated a viatical settlement business in any other state?**

☐ YES ☐ NO If YES, list the state and the license name and type in that state: _____

8. **Will any other business licensed/registered by the Minnesota Department of Commerce, or required to be licensed/registered by the Minnesota Department of Commerce, be conducted in addition to that specifically authorized by Chapter 60A.957-9585?**

☐ YES ☐ NO If YES, explain nature of business: _____

9. **BOND OR OTHER EVIDENCE OF FINANCIAL RESPONSIBILITY**

Each application must be accompanied by either (1) a surety bond executed and issued by an insurer authorized to issue surety bonds in Minnesota or evidence of the existence of a deposit of cash, certificates of deposit, or securities or any combination thereof in the amount of \$250,000, or (2) proof that financial instruments in accordance with these requirements have been filed with one or more states where the applicant is licensed as a viatical settlement broker.

Any surety bond issued pursuant to this clause must be in favor of Minnesota and must specifically authorize recovery by the commissioner on behalf of any person in Minnesota who sustained damages as the result of erroneous acts, failure to act, conviction of fraud, or conviction of unfair practices by the viatical settlement broker. The bond remains in effect until cancellation, which may occur only after 30 days' written notice to the commissioner. Cancellation does not affect the rights of any claimant for any liability incurred or accrued during the period for which the bond was in force.

Please mark the applicable option:

SURETY BOND

- ☐ 1. A surety bond in the amount of \$250,000. **The surety bond must be executed on the form included in this application.** Attach the original copy of the properly executed bond and power of attorney and acknowledgement of principal/surety.

OTHER EVIDENCE OF FINANCIAL RESPONSIBILITY

- ☐ 2. In lieu of a surety bond, the applicant may deposit with the commissioner, or with banks in Minnesota that the applicant designates and the commissioner approves, cash, certificates of deposit, or securities or any combination thereof to an aggregate amount, based upon principal amount or market value, whichever is lower, of not less than the amount of \$250,000. The cash, certificates of deposit, or securities must be deposited and held to secure the same obligations as would the security device. The depositor shall receive all interest and dividends. The depositor may, with the approval of the commissioner, substitute other securities for those deposited, and is required to do so on written order of the commissioner made for good cause shown.

10. **ENCLOSURES TO ACCOMPANY APPLICATION.** Check the box if the item is included in the application.

- ☐ a. Fee. A check (only) for \$275* made payable to “Minnesota Department of Commerce.”
- ☐ b. The name under which the business will be conducted must be exactly the same as the name under which the license will be issued. If operating under any name other than your full legal name, attach a copy of the “Assumed Name Certificate” issued by the **Minnesota Secretary of State**.
- ☐ c. Certificate of good standing from the state of domicile.
- ☐ d. Surety bond or other evidence of financial responsibility in the amount of \$250,000.
- ☐ e. Affidavit of Applicant-See attached.

**In accordance with Minn. Stat. §16E.22, this fee includes a 10% OET surcharge, which is being collected on behalf of the Minnesota Office of Enterprise Technology to fund a statewide electronic licensing system.*

AFFIDAVIT OF APPLICANT

I hereby certify that all the information contained in this application and any accompanying documents are true and correct to the best of my knowledge. I certify that this document has not been altered or changed in any manner from the form adopted by the Department of Commerce.

STATE OF _____)
COUNTY OF _____) ss.

Applicant Signature

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public Signature

NOTARY SEAL

State of _____

County of _____

My commission expires _____

BOND NUMBER _____

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STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
VIATICAL SETTLEMENT BROKER SURETY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT _____
(name of Viatical Settlement Broker)
as Principal and _____, a corporation duly organized under the
(name of surety)
laws of the state of _____, which is authorized to engage in the business of
insurance in the State of Minnesota, as Surety, are hereby held and firmly bound to the Department of
Commerce of the State of Minnesota, in the sum of _____
(\$_____). Principal and Surety bind themselves, their representatives, successors and assigns,
jointly and severally by these presents.

THE PARTIES FURTHER AGREE THAT:

1. The purpose of this obligation, which is required by Minnesota Statutes, Section 60A.9572, subd. 8, is to secure the compliance by Principal with the terms of Minnesota Statutes, Sections 60A.957 to 60A.9585, and any other legal obligations arising out of the Principal's conduct as a Viatical Settlement Broker.
2. This bond is for the benefit of the State of Minnesota and any person suffering damages by reason of Principal's failure to comply with Minnesota Statutes, Sections 60A.957 to 60A.9585 or other legal obligation arising out of Principal's conduct as a Viatical Settlement Broker.
3. If Principal shall violate Minnesota Statutes, Sections 60A.957 to 60A.9585, or other legal obligation arising out of Principal's conduct as a Viatical Settlement Broker, the Commissioner of Commerce, as well as any person damaged as a result of such violation, shall have, in addition to all other legal remedies, a right of action on this bond in the name of the injured party for damages sustained by the injured party as the result of erroneous acts, failure to act, conviction of fraud, or conviction of unfair practices by the Viatical Settlement Broker.
4. This bond shall be in effect from _____, 20____ until December 31, 20_____.

Signed and sealed this _____ day of _____, 20_____.

By: _____ By: _____
(Name of Surety) (Signature of Attorney in Fact of Surety Company)

By: _____ By: _____
(Name of Viatical Settlement Broker) (Signature of Sole Proprietor, Partner, or President)

SIGNATURES MUST BE NOTARIZED ON THE FOLLOWING PAGE

VIATICAL SETTLEMENT BROKER BOND

Page 2 of 2

1. This page is to be completed by a notary public for both the Principal and the Surety.
2. Please attach the **Power of Attorney** and **Certified Copy of the Corporate Resolution** for the Surety listed herein.

ACKNOWLEDGMENT OF PRINCIPAL

STATE OF _____)
COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, _____,
by _____.
(Name of person acknowledged)

NOTARY SEAL

Notary Public

ACKNOWLEDGMENT OF SURETY

STATE OF _____)
COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, _____,
by _____,
(Name and title of officer or agent)

of _____
(Name of corporation acknowledging)

a _____ corporation, on behalf of the corporation.
(state of incorporation)

NOTARY SEAL

Notary Public